



**District Health & Family Welfare Samiti
Diamond Harbour Health District**

(Registered under West Bengal Act XXXVI of 1961 No. S / M / 1324 of 2014-15)

Diamond Harbour Health District, South 24Pgs, Pin- 743331

Phone: 03174-256310, Fax: 03714-256311, e-mail Id: cmohdhd20@gmail.com

Memo No. DH&FWS/DHHD/4358/2022-23

Date: 27.03.2023

RECRUITMENT NOTICE

District Health & Family Welfare Samiti, Diamond Harbour Health District will organise a Walk-in Interview at the office of CMOH, Diamond Harbour Health District for the following contractual posts at mentioned date and time. All the candidates must be present at the venue thirty minutes (30 mins) before the **Time of Registration**. **Candidates who appear after 12 Noon will not be allowed for registration.**

Sl. No	Name of Programme & Post	Number of Posts	Remuneration	Date of Interview	Time of Registration
1.	Clinical Psychologist-NMHP	2	30,000/-	11.04.2023	11:00 AM
2.	Psychiatric Nurse-NMHP	1	28,000/-	11.04.2023	11:00 AM
3.	Staff Nurse-NUHM	1	25,000/-	11.04.2023	11:00 AM
4.	Community Health Assistant(Urban) under NUHM	3	13,000/-	11.04.2023	11:00 AM
5.	Physiotherapist-NPCDCS	1	25,000/-	12.04.2023	11:00 AM
6.	Multi Rehabilitation Worker-NPHCE	13	18,000/-	12.04.2023	11:00 AM
7.	District Consultant-NCD I (NTCP)	1	40,000/-	13.04.2023	11:00 AM

01.	Name of Post	Clinical Psychologist-NMHP
	Name of Category & Post	02 (UR-1, SC-1)
	Place of Posting	DHGMC&H and Kakdwip SDH
	Remuneration	30,000/- (Monthly Consolidated)
	Age as on 01.01.2023	Maximum 40 years
	Essential Academic qualification	Having a recognized qualification in clinical Psychology from an Institution approved and recognized by the Rehabilitation Council of India constituted under section 3 of the Rehabilitation Council of India Act, 1992. OR Having a Post Graduate degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical and Social Psychology obtained after completion of a full time course of two years which includes supervised clinical training from any University recognized by the University Grant Commission established under the established Grant Commission Act, 1956 and approved and recognised by the Rehabilitation Council of India Act, 1992.
	Essential Experience	Minimum 1 year experience from any recognized institution
	Scale of Scoring- TOTAL MARKS -100	
		1. Educational Qualification -70 Marks (Graduation-30 Marks, Post Graduation -30 Marks, M. Phil-10 Marks)
		2. Working Experience- 15 Marks (Up to 2years- 5 Marks; More than 2 years up to 3 years-10 Marks; Above 3 years- 15 marks)
		3. Interview- 15 Marks
	Application Format (Annexure- A)	

02.	Name of Post	Psychiatric Nurse-NMHP
	Name of Category & Post	01 (UR-1)
	Place of Posting	CMOH Office
	Remuneration	28,000/- (Monthly Consolidated)
	Age as on 01.01.2023	Maximum 40 years
	Essential Academic qualification	<ol style="list-style-type: none"> 1. B.Sc in Psychiatric Nursing/ M.Sc in Psychiatric Nursing/ DPN 2. Only Permanent residence of West Bengal are eligible to apply 3. NOC to be given during interview if candidates are working in government organization
Scale of Scoring- TOTAL MARKS -100		
1. Educational Qualification -60 Marks (60 proportionate marking on BSc in Psychiatric Nursing/ MSc in Psychiatric Nursing/ DPN)		
2. Working Experience- 25 Marks(Up to 1years- 10 Marks; More than 1 years up to 2 years-15 Marks; Above 2 years- 25 years)		
3. Interview- 15 Marks		
Application Format (Annexure- A)		

3.	Name of Post	Staff Nurse (NUHM)
	Name of Category & Post	01 (UR-1)
	Place of Posting	Diamond Harbour Municipality
	Remuneration	25,000/- (Monthly Consolidated)
	Age as on 01.01.2023	Minimum 21 Years and Maximum 40 years
	Qualification and Selection Criteria	<ol style="list-style-type: none"> 1) Completed GNM training course from an institute recognized by the Indian Nursing council/West Bengal Nursing Council. <p style="text-align: center;">OR</p> <p>The candidate should have completed B.SC Nursing course</p> <ol style="list-style-type: none"> 2) Must be registered under West Bengal Nursing Council. 3) Candidate should have proficiency in Bengali. 4) Must be permanent resident of West bengal
Scale of Scoring-TOTAL MARKS -100		
Based on % of Marks obtained in the examination rounded off to two decimals-100 Marks		
Application Format (Annexure- A)		

4.	Name of Post	Community Health Assistant-Urban (Only female candidates) (NUHM)
	Name of Category & Post	03 (UR-2, ST-1)
	Place of Posting	Diamond Harbour Municipality
	Remuneration	13,000/- (Monthly Consolidated)
	Age as on 01.01.2023	Minimum 21 years maximum 40 years
	Qualification and Selection Criteria	<ol style="list-style-type: none"> 1) Must have passed ANM course from an Institute recognised by the Indian Nursing Council and be registered with the West Bengal Nursing Council. Should be proficient in Bengali and permanent resident of the Diamond Harbour Health District. <p style="text-align: center;">OR</p> <p>Must have passed GNM course from an Institute recognised by the Indian Nursing Council and be registered with the West Bengal Nursing Council.</p> <ol style="list-style-type: none"> 2) Should be proficient in Bengali 3) Should be permanent resident of Diamond Harbour Health District.
Scale of Scoring-TOTAL MARKS -100		
Based on % of Marks obtained in ANM/GNM examination-100 Marks		
General Information		
Following documents (self attested) needs to be submitted along with the attached Application Format (Annexure-C) .		
1) Photo proof identity card (Passport or Voter ID Card or AADHAAR Card or Pan Card)		
2) Proof regarding permanent residential status of the District applied for, which should be duly attested by a Gazette		

Officer or Group "A" Officer of the State Government. (Voter ID card/Ration card).

3) The age proof certificate like **admit card / School leaving certificate** issued by West Bengal Board Secondary Education or similar board.

4) Caste Category Certificate (if any). In case of OBC candidates category 'A' or 'B' must be mentioned specifically in the caste certificate otherwise the candidate will be treated in "Unreserved" category.

5) Marksheets and passed certificate of Madhyamik and ANM/GNM examination

6) Self attested copy of the ANM/GNM Registration Certificate

Application Format (Annexure- C)

05.	Name of Post	Physiotherapist (NPCDCS)
	Name of Category & Post	01 (UR-1)
	Place of Posting	Diamond Harbour Health District
	Remuneration	25,000/- (Monthly Consolidated)
	Age as on 01.01.2023	Maximum 40 years
	Essential Criteria	Bachelor's degree in Physiotherapy (B.P.T)
Scale of Scoring- TOTAL MARKS -50		Length of experience
1.	Educational Qualification -35 Marks (Madhyamik-10marks, HS-10 marks, BPT-10 marks, MPT-5 marks)	Govt.
2.	Working Experience- 10 marks	Pvt.
3.	Interview- 5 Marks	
		5 Yrs and more
		4 Yrs and more but less than 5 Yrs
		3 Yrs and more but less than 4 Yrs
		2 Yrs and more but less than 3 Yrs
		10
		08
		06
		04
		05
		04
		03
		02

Application Format (Annexure- A)

06.	Name of Post	Multi Rehabilitation Worker (NPHCE)
	Name of Category & Post	13(UR-6, SC-3, OBC(A)-2, OBC(B)-1, ST-1)
	Place of Posting	All the Blocks (RH/BPHC)
	Remuneration	18,000/- (Monthly Consolidated)
	Age as on 01.01.2023	21 years up to 40 years
	Essential Criteria	Bachelor's degree in Physiotherapy (B.P.T) with atleast 2 years experience of working in a hospital.
	Desirable criteria	Master degree in Physiotherapy
Scale of Scoring- TOTAL MARKS -50		Length of experience
1.	Educational Qualification -35 Marks(Madhyamik-10, HS-10, BPT-10, MPT-5)	Govt.
2.	Working Experience- 10 marks	Pvt.
3.	Interview- 5 Marks	
		5 Yrs and more
		4 Yrs and more but less than 5 Yrs
		3 Yrs and more but less than 4 Yrs
		2 Yrs and more but less than 3 Yrs
		10
		08
		06
		04
		05
		04
		03
		02

Application Format (Annexure- A)

07.	Name of Post	District Consultant-NCD I (NTCP)
	Name of Category & Post	01 (UR-1)
	Place of Posting	CMOH Office
	Remuneration	40,000/- (Monthly Consolidated)
	Age as on 01.01.2023	Maximum 40 years
	Essential Criteria	1. Post graduate in Public Health or Social Sciences or Management or related field from a recognized institution/ university OR MBBS/ BDS with at least 2 years of experience
Desirable-		a) At least 2 years of work experience in the Health Sector b) Experience of working in the government sector at District Level. c) Experience in tobacco control issues and knowledge about international/ national tobacco control policies and health programme will be given preference.

Scale of Scoring- TOTAL MARKS -100

1. Educational Qualification -75 Marks (Madhyamik-10 marks, HS-15 marks, Graduation-20 marks, Post graduation in Public health or Social Sciences or Management **OR** MBBS/BDS with at least 2 years experience-30 marks)
2. Working Experience- 20 marks (2 years to 3 years-Govt-8 marks/ Pvt-4 marks;
3 years to 4 years- Govt-12 marks/ Pvt-6 marks;
4 years to 5 years- Govt-16 marks/ Pvt-8 marks;
above 5 years- Govt-20 marks/ Pvt-10 marks;)
3. Interview- 5 Marks

Application Format (Annexure- A)

GENERAL INFORMATION:

1. Candidates must bring application form in prescribed format along with Original and self attested **photocopy** of all testimonials in support of age, **address proof, Mark sheets (Semester /Year wise), experience certificate, caste certificate**, qualification, etc and **2 copies passport size photo. No other format of application form will be entertained/ accepted.** Prescribed application format and other details i.e. eligibility criteria, selection mode, scoring, etc is available by downloading from the website www.wbhealth.gov.in .
2. **Application fees of Rs. 100/- for General Caste and 50/- for Reserved Category (SC/ST/OBC)** through Demand Draft issued from any Nationalized Bank in favour of **“DH&FWS Diamond Harbour Health District”** payable at Diamond Harbour must be submitted along with the application form during interview. Name of the Applicant and name of the Post must be written in the back side of Demand Draft. **Demand Draft is subject to non refundable.**
3. **Experience Certificate-Appointment / joining letter** will not be treated as Experience Certificate. Voluntary services will be not treated as Experience Certificate. Experience certificate must consist of name of organization, employee name, name of post, place of posting, type/nature of work, date of joining, date of leaving or still continuing, otherwise the experience will be treated as cancelled.
4. Age relaxation for SC/ST/OBC candidates as per norm.
5. No TA/DA will be paid to the candidates.
6. Candidates who appear after 12 Noon will not be allowed for registration. The recruitment will continue till 4:00PM. In case of huge number of candidate appearing for the mentioned posts, Walk-in interview will continue the next day.
7. The **candidature** of the applicant shall be cancelled if found misbehaving with the office staff and creating chaos. Also **candidature** of the applicant shall be cancelled at any stage of the recruitment if supportive certificates and information given in the application is found to be false and incomplete application will be rejected. No representation against such rejection shall be entertained. The Recruitment Committee reserves the right to cancel candidature of any applicant or entire engagement process without assigning any reason thereof.
8. Any eligible candidate willing to apply for more than one post will have to submit **separate** application along with requisite application fees thereof.


CMOH & Member Secretary
District Health & Family Welfare Samiti
✓ Diamond Harbour Health District

Memo No. DH&FWS/DHHD/ 4358/2022-23
Copy forwarded for information and necessary action to:-

Date: 27.03.2023

1. The Director of Health Services, Govt. of West Bengal,GN-29, Sector-V, Saltlake, Kolkata-91.
2. The Mission Director, NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
3. The Add. Director of Health Services, Govt. of West Bengal,GN-29, Sector-V, Saltlake, Kolkata- 91.
4. The Director of Medical Education, Govt. of West Bengal,GN-29, Sector-V, Saltlake, Kolkata-91.
5. The District Magistrate, South 24 Parganas.
6. The Programme Officer-I, NHM, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
- 7-11. The Dy. CMOH-I/ Dy. CMOH-II/ Dy. CMOH-III/DTO/AO, Diamond Harbour Health District
12. The HR Cell, SHFWS, Govt. of West Bengal, GN-29, Sector-V, Saltlake, Kolkata-91.
13. The IT Cell, SwasthyaBhawan with request to upload the notice at wbhealth.gov.in website.
14. The DPMU, Diamond Harbour Health District


CMOH & Member Secretary
District Health & Family Welfare Samiti
Diamond Harbour Health District



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Diamond Harbour Health District**

(Registered under West Bengal Act XXXVI of 1961 No. S / M / 1324 of 2014-15)

Diamond Harbour Health District, South 24Pgs, Pin- 743331
Phone: 03174-256310, Fax: 03714-256311, e-mail Id: cmohdhd20@gmail.com

APPLICATION FORM(Annexure A)

To
The CMOH & Member Secretary
District Health & Family Welfare Samiti
Office of the CMOH
Diamond Harbour Health District,
Pin- 743331.

Affix recent passport
size photograph duly
self attested

1. Post applied for:.....
2. Name (In capital letter):-
.....
3. Father / Guardian's Name :
4. Address for communication: C/O.....
Vill/ Town/ Road:
- Post Office:P.S

DistPin

5. Date of Birth(DD/MM/YYYY):.....
6. Age as on date of Advertisement:
7. Sex: Male / Female /Others (Please tick)
8. Marital Status: Married /Unmarried (For married female candidate Marriage Registration Certificate is required to be attached)
9. Nationality:
10. Voter ID no/ Aadhar no:
11. E-mail Id
12. Mobile No:
13. Category: (please ✓ in box)

Gen	SC	ST	OBC-A	OBC-B	Others

14. Professional /Technical/Computer Knowledge:

Sl. No.	Name of Course	Name of institute/ Board/University	Year of passing	Duration of Course	Subject	Full Marks	Marks Obtained	% of Marks/ Grade
1.								
2.								
3.								

15. Educational Qualification:

Sl. No.	Exam Passed	Board / Institution / University	Year of Passing	Total Marks	Marks obtained	Percentage (%)
1.						
2.						
3.						
4.						
5.						

16. Experience: Yes/No (if yes, filled the details)

Name of the Post	Name of the Organization	Govt. / Private	Duration		Total Experience (in months)
			From	To	

17. Enclosure:

Sl.No.	Documents (self attested Xerox copy)	Documents Submitted (Yes/No)
1	Age Proof	
2	Residential proof	
3	Caste Certificate	
4	Secondary passed along with mark sheet	
5	Higher Secondary passed along with mark sheet	
6	Graduation passed along with mark sheet and certificate	
7	Post Graduation passed along with mark sheet and certificate	
8	Mark Sheet, Certificate in computer/technical/ professional knowledge of qualification	
9.	Joining letter/ appointment letter	
10.	Experience certificate	
11.	Others (if any)	

DECLARATION:-

I hereby solemnly declare that the particulars furnished above are materially true, correct and complete to the best of my knowledge. In case of any discrepancy my candidature is liable to be summarily rejected by the Selection Committee without any notice.

Date:

Place:

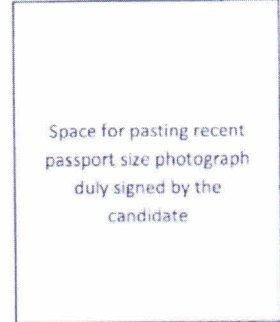
(Full signature of Applicant)

APPLICATION FORMAT FOR THE POST OF
COMMUNITY HEALTH ASSISTANT (URBAN) (FEMALE ONLY)

[N.B.: Application forms not properly filled in or incomplete Application forms are liable to be cancelled.]

1. Name in full (in Capital letters):

2. Guardian's Name:



3. (a) Date of Birth according to Madhyamik
or equivalent examination certificate

: _____

(b) Age as on 1.1.2022

: _____

4. (a)(i) Caste Category (UR/SC/ST/OBC-A/
OBC-B of WB

: _____

(ii) Designation of issuing authority of the
Caste Certificate (If any)

: _____

(b) Physically handicapped (Yes/No)

: _____

5. Corresponding address (in Capital letters) to which :

Communication should be sent (mentioning

Post Office, Sub-division, District, Pin Code)

6. Permanent address (in Capital letters)

: _____

7. Contact No.

: _____

8. E-mail ID

: _____

9. Whether citizen of India (Yes & No)
(By Birth/ Registration)

: _____

10. Educational Qualifications: Class 10 onwards

Name of the Exam. Passed	Name of the Board /University /Institute	Full Marks	Marks obtained	% of Marks	Division/ Grade	Chances taken to pass	Year of passing

11. Professional / Others Qualifications or Specialisation:

Name of the Exam. Passed	Name of the Board /University /Institute	Registration Number	Full Marks	Marks obtained	% of Marks	Year of passing

DECLARATION

I do hereby declare that all the statements given above by me are true and correct in all respect. If any statement found false at the time of examination/ interview or after my appointment then my candidature will liable to be cancelled or my service will terminate automatically.

Date :

Place :

.....
Signature of the Candidate